

ENTRY-LEVEL POLICE OFFICERS

NEWPORT POLICE DEPARTMENT

Newport, Rhode Island



The City of Newport, Rhode Island is accepting applications for the consideration of future appointments to the position of Police Officer with the Newport Police Department.

SALARY (as of January 1, 2021)

Police Officer Trainee (RI Municipal Police Academy)	\$880.00 per week
Probationary Police Officer	\$54,228.00 per year
Permanent Police Officer	\$58,292.00 - \$72,417.00 per year

OFFICIAL APPLICATION PERIOD: Monday, January 23, 2023 until Tuesday, February 21, 2023

MINIMUM APPLICATION REQUIREMENTS

- Must be at least **21** years of age by the end of the official Application Period (2/21/2023)
- Must be a High School graduate or possess a General Education Diploma (GED)
- Applicant claiming Veteran's preference must present a DD-214 separation form
- Must possess a valid driver's license
- Must be a United State citizen or authorized to work in the United States

A copy of your birth certificate, driver's license, HS/GED and DD-214, if applicable, must be submitted at the time of application. Valid Fit2ServeRI testing certificates should also be submitted, if applicable.

HIRING PROCESS

- **Application:** Submit a **City of Newport Employment Application** to the City by or before the application deadline date (mail to: Newport City Hall, c/o HR Department, 43 Broadway, Newport, RI 02840).
- **Agility AND Written Tests:** The physical agility test and written examination will be solely administered by FIT2SERVERI.COM. Applicants **MUST** reserve their attendance prior to both examinations and do so by the deadline date established by fit2serveri.com. Refer to www.fit2serveri.com for details. Applicants who possess a fit2serveri.com agility and/or written test certificate (valid as of 3/11/2023) will not have to retake the agility and/or written exam(s). Applicants who do not possess either or both certifications issued by fit2serveri.com must undergo all testing no later than March 11, 2023.
- **Oral Board Interviews:** Pass/Fail - a panel consisting of Police officials will conduct an initial evaluation of a candidates' background & experience as it relates to the field of law enforcement. **Only the top 10% of the City's qualified candidate applicant pool will be initially invited. Others will be retained for future testing** within the period defined by the City's 2-year eligibility register.
- **Comprehensive Background Investigations:** Pass/Fail - conducted by the Newport Police Department.
- **Physical, Psychological and Screening for Controlled Substances:** Pass/Fail –conducted for candidates selected by the Newport Police Department who proceed in the process.

Applicants must pass all phases of the hiring process to qualify for further testing. An applicant who successfully passes all of the examinations will be placed on a 2-year eligibility register for future employment consideration.

An Equal Opportunity and Affirmative Action Employer

IMPORTANT INFORMATION FOR APPLICANTS

THE CITY OF NEWPORT, RI WILL USE FIT2SERVE EXCLUSIVELY TO CONDUCTS ITS WRITTEN AND PHYSICAL FITNESS EXAMINATIONS. APPLICANTS WHO SUCCESSFULLY PASS BOTH EXAMS, OR POSSESS VALID (AS OF 3/11/23) TESTING CERTIFICATES WILL BE CONSIDERED ELIGIBLE TO PARTICIPATE IN THE SELECTION PROCESS FOR NEWPORT POLICE.

APPLICANTS ARE STRONGLY URGED TO SIGN UP FOR UPCOMING EXAMINATIONS DIRECTLY AT:

WWW.FIT2SERVERI.COM/TESTING

F2S TESTING INFORMATION

Written Examination

- *Must* signup by Thursday, February 2, 2023
- Exams offered on: February 10, 11 and 12, 2023

Agility Examination

- Sunday, February 12, 2023 at 7 AM
- Saturday, March 4, 2023 at 7 AM

Refer to Fit2ServeRI.com for more Information





City of Newport, Rhode Island
APPLICATION FOR EMPLOYMENT

Department of Human Resources
City Hall – 43 Broadway
Newport, RI 02840-2792

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability or any other legally protected status.

(PLEASE PRINT IN INK)

Position(s) applied for _____ Full Time ☐ Part Time ☐
Seasonal ☐ Temporary ☐
Were you previously employed by the City? Yes ☐ No ☐ If yes, when? _____
If your application is considered favorably, on what date will you be available for work? _____

PERSONAL INFORMATION

Name _____ E-mail _____
LAST FIRST MIDDLE
Present Address _____ Telephone No. _____
NO. STREET APT. NO.
CITY STATE ZIP

Are you a U.S. Citizen? Yes ☐ No ☐ If no, are you legally eligible for employment in the US? Yes ☐ No ☐
(Proof of citizenship or immigration status will be required upon employment.)

Are you presently employed? Yes ☐ No ☐ If yes, may we contact your present employer? Yes ☐ No ☐

Have you ever been convicted of a crime? Yes ☐ No ☐ (for Police Officer applicants only)

If so, please explain: _____
(Criminal convictions will not necessarily disqualify an applicant from employment, but will be considered in relation to specific job requirements.)

Do you possess a valid driver's license? Yes ☐ No ☐ If yes, which State/class? _____

Has your driver's license ever been suspended? Yes ☐ No ☐ If yes, explain _____

EDUCATIONAL RECORD

	High School	College/University	Graduate/Professional/Trade
School Name & Location			
Diploma/Degree			
Year Graduated			
Honors Received			
Describe Course of Study			

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? Yes ☐ No ☐ If so, what branch? _____

Are you a U.S. Veteran? Yes ☐ No ☐ (please attach a copy of your DD-214)

Rev. 1/2023

EMPLOYMENT HISTORY

List below present and past employment, beginning with your most recent

1. Name/Address of Employer	FROM		TO		Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr	\$	\$		
	Position Held _____ Describe Duties:							
Tel.								
2. Name/Address of Employer	FROM		TO		Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr	\$	\$		
	Position Held _____ Describe Duties:							
Tel.								
3. Name/Address of Employer	FROM		TO		Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr	\$	\$		
	Position Held _____ Describe Duties:							
Tel.								
4. Name/Address of Employer	FROM		TO		Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr	\$	\$		
	Position Held _____ Describe Duties:							
Tel.								

BUSINESS/WORK RELATED REFERENCES

Name and Occupation	Address/Company	Phone Number

APPLICANT'S STATEMENT

PLEASE READ THE FOLLOWING STATEMENT BEFORE SIGNING THIS APPLICATION

I certify that the information contained in this application contains no misrepresentation or falsification and is true and complete to the best of my knowledge and belief. I understand that any false statements knowingly made may be cause for disqualification in examination, removal from eligibility register and removal from public service if appointed.

Applicant Signature

Date

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER



Applicant Affirmative Action Plan Voluntary Survey

In our efforts to maintain an affirmative action program and to collect information regarding the race, sex, national origin, disability, or veteran status of applicants we ask that you kindly assist us in our governmental recordkeeping requirements.

We would appreciate your completion of this data form. **Your cooperation is voluntary. The information supplied will be kept confidential and will be used to improve our recruiting efforts and support our commitment to diversity in the workplace.**

If you choose to volunteer the requested information, the data will be physically separated from the remainder of the job application before the application is considered for possible employment. The information will be kept in a confidential file separate from your application for employment.

Thank you for your cooperation!

POSITION YOU HAVE APPLIED

Sex: ☐ Male ☐ Female

Age Group: ☐ 21 – 30 Yrs. ☐ 31 – 40 Yrs. ☐ 41 – 50 Yrs. ☐ 51 – 60 Yrs.

Ethnic Background:

☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander
☐ African-American ☐ Hispanic ☐ White ☐ Other _____

Disabled: ☐ Yes ☐ No

Veteran Status: Veteran: ☐ Yes ☐ No

If yes, period of service: From _____ To _____

Are you a disabled veteran? ☐ Yes ☐ No

Referral Source:

<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Relative	<input type="checkbox"/> Employment <i>Interest Card</i>
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Advertisement
<input type="checkbox"/> State Employment Service	<input type="checkbox"/> College/University Job Placement Office
<input type="checkbox"/> City Employee	<input type="checkbox"/> Social Service Agency/Organization
<input type="checkbox"/> Web Site	<input type="checkbox"/> Other _____

We Are An Equal Opportunity/Affirmative Action Employer